

EXHIBIT 8



ROCHESTER	GREECE	BROCKPORT	BATAVIA	PENFIELD
2615 Culver Rd	2420 Ridgeway Ave	80 West Ave	203 Summit St	220 Linden Oaks
Rochester, NY 14609	Rochester, NY 14626	Brockport, NY 14420	Batavia, NY 14020	Rochester, NY 14625
(585) 336-5320	(585) 227-4000	(585) 637-7200	(585) 201-7793	(585) 248-2019

Fernando Caumont, M.D.
 Paul L. DiMarco, M.D.
 Louis H. Eichel, M.D.
 Anees A. Fazili, M.D.
 Abraham A. Glazer, M.D., F.A.C.S.

Benjamin J. Nelson, M.D.
 Gregory J. Oleyoury, M.D.
 Frederick W. Tonetti, M.D.
 John R. Valvo, M.D., F.A.C.S.
 Jacob E. Gantz, M.D.
 Matthew Truong, M.D.

Brigette Smith, RPA-C
 Bettina Broughton, ACNP-C
 Michelle Cilento, RPA-C
 Brian D. Adcock, RPA-C
 Lindsay Short, FNP-BC

October 18, 2021

Patrick Mackey
 Lipsitz Green Scime Cambria, LLP
 42 Delaware Ave
 Suite 120
 Buffalo, NY 14202-3924

RE: Matthew Raymond v. Troy Mitchell, et al
 N.D.N.Y. Case No. 18-cv-001467

Dear Mr. Mackey:

The report 10/18/2021 - Preliminary information is my curriculum vitae which is attached which summarizes my qualifications. I am a general urologist in practice for 38 years, I have seen many patients over the years with the diagnosis of neurogenic bladder and have been asked to render an opinion regarding the case of Mr. Matthew Raymond by Mr. Patrick Mackey. I am being reimbursed at \$350 per hour for my review and I reviewed the following records as enumerated in the broad draft:

1. Auburn Community hospital emergency department.
2. New York State Department of Corrections and Community Supervision.
3. Upstate University Hospital.
4. Elmira CF Mental Health.
5. Central New York Psychiatric Center.
6. Arnot Ogden Medical Center.
7. **Mobile Physician Services.**
8. Erie County Medical Center.
9. Wyoming County Community Hospital.
10. Kenmore Mercy Hospital.
11. Westfield Memorial Hospital Emergency Department.
12. **Cayuga Medical Center.**
13. Erie County Medical Center.
14. **Wyoming County Medical Center.**
15. Trinity Medical Western New York.
16. Western New York Urology Associates.
17. **Kaliada Health.**
18. State of New York Department of Corrections and Community Supervision.
19. Depositions by Mrs. Sylvia Raymond and Mrs. Michelle Raymond and an expert opinion report by Sherry Leitch, M.D.

In essence, Mr. Raymond is a 32-year-old male who was allegedly assaulted while incarcerated on 9/14/16. According to Mr. Raymond he sustained injuries to the head and neck region and complains of onset of neurogenic bladder following this alleged incident in addition to many other medical issues. I wish to focus on the neurogenic bladder part of this allegation. Absence of sudden severe trauma to the head, neck or spinal cord the length of time to develop a underactive neurogenic bladder generally develops over a significant length of time and is not usually an acute event. For neurogenic conditions affect of the bladder is caused a neurogenic bladder. There are 2 major types of bladder control problems associated with neurogenic bladder. Depending upon the nerves involved and the degree of damage the bladder

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DOB 12/02/1950

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becomes either overreactive or underactive, if the bladder becomes underactive the patient must be able to mechanically empty the bladder in such a way so that there is not a buildup of urine within the body. The bladder is nothing more than a storage organ stores urine liquid waste from the body and eliminate it at an appropriate time. The central nervous system such as the brain and spinal cord are responsible for a coordinator of voiding i.e. micturition. The excretory organs bladder, urethra, sphincter are primarily regulated by the nervous system. Various medical conditions can cause neurogenic bladder which include all or any of the following: stroke, Parkinson's disease, multiple sclerosis, spinal cord injury, spinal surgery, central nervous system tumors, trauma, medications along with alcohol and drug abuse. Most common symptom of neurogenic bladder is the inability to control urination. When the patient is unable to empty their bladder instrumentation or surgery is indicated to eliminate liquid waste from the body. This surgery can take the form of either a continuous drainage system such as an ileal conduit or a catheterizable pouch system such as an Indiana pouch which is called augmentation cystoplasty. Absence of sudden and severe trauma to the head, neck, spinal cord a neurogenic bladder is a condition that develops over a length of time and is not an acute event. The nervous center in the brain which is primarily responsible for urinary control is referred to as the pons. This is an area of the brain deep embedded in the base of the brain which connects the more peripheral parts of the brain with the spinal cord. This area is very well insulated from head injuries because of a very bony structure the cerebral cortex and of course the spinal cord. Injury to the pons from a blunt trauma is not specific and therefore generally has significant associated other neurologic manifestations because of its position nestled at the base of the brain trauma injury to the head will invariably cause other significant neurological impairments such as: gait disturbance, difficulty with voluntary movements of the lower extremities, memory loss, aphasia and assorted other injuries depending upon the full extent of the trauma. The type of trauma that I am referring to for example a significant automobile injury where there has been significant injury to the frontal cortex and associated other areas of the brain in addition to the pons. What I mean to say is that light trauma to the head should not result in a neurogenic bladder. Injury to the brain which results in neurogenic bladder invariably is a significant event resulting in impairment of cognitive behavioral function generally due to extreme frontal lobe injury.

Mr. Raymond's allegation of brain injury following an incident when he was incarcerated on 9/14/2016 is inconsistent with the type of neurogenic bladder seen following a traumatic brain injury. Dr. Leitch a board certified neurologist examined Mr. Raymond on August 25, 2020 and in her description of the physical condition failed to identify any significant neurologic conditions that could have come as a result of a severe traumatic brain injury. Most common symptom of neurogenic bladder is inability to control urination this may result in the inability to empty the bladder and therefore may require instrumentation or surgery to facilitate voiding. Surgery might include a form of urinary diversion which maybe determined according to lifestyle, surgery which maybe performed may include a continent diversion of the type that was instituted here an augmentation cystoplasty or a continuous diversion which is commonly used called ileal loop conduit. The former is usually offered to a individual who is still gainfully employed and is concerned about body image. This requires catheterization of the bladder periodically to eliminate liquid waste. Absence of sudden and severe trauma trauma to the head, neck, spinal cord a neurogenic bladder is a condition that develops over a length of time and is not an acute event. Once again generally associated with a head injury that is of significant nature to affect other neurologic structures and not a light tick to the head. Urologic care rendered following this alleged incident was appropriate for time and place due to the incarcerated individual emergency medical care I believe was achieved in a reasonable period of time, the record also indicates that the patient may have embellished the symptoms to allow extended periods of release from incarceration. While the surgery of augmented cystoplasty was tailored to the needs of the patient unfortunate complications such as dehiscence with hernia and urinary tract infections while unsettling can be treated and once improved can allow the patient to return to normal physical activity and employment with very little inconveniences. Review of the medical records from 9/13/16 and 9/14/16 indicated that Mr. Raymond did in fact experience grand mal seizures on both those days the seizures were followed by aggressive agitation confusion with combative behavior undoubtedly had to be restrained by the guards for his own self protection but I do not believe that there was significant brain injury caused from an external force that caused this individual to develop a neurogenic bladder.

In my professional opinion and to a reasonable degree of medical certainty, I have concluded that the alleged assault on 9/14/2016 did not cause a neurogenic bladder.

Sincerely,

John R. Valvo, M.D., F.A.C.S.

CURRICULUM VITAE

Name:	John R. Valvo, M.D., F.A.C.S.	
Private Practice:	Center For Urology	
Office Address:	2615 Culver Road Suite 100 Rochester, NY 14609	2420 Ridgeway Avenue Suite 100 Rochester, NY 14626
Birthdate:	December 2, 1950	
Birthplace:	Buffalo, New York	
Education:	Marietta College Marietta, Ohio	B.S. 1972
	State University of NY at Buffalo Buffalo, New York	M.S. 1974
	State University of NY at Buffalo Buffalo, New York	M.D. 1978
Internship:	University of Rochester School of Medicine and Dentistry Rochester, New York General Surgery	July 1978-June 1979
Residency:	University of Rochester School of Medicine and Dentistry Rochester, New York Urology	July 1979-June 1983
Fellowship:	State University of NY at Buffalo Summer Research Fellowship Buffalo, New York Anesthesiology	June 1975-Aug 1975
Licensure:	New York State	July 2, 1979

Professional Associations: National Board of Medical Examiners
Diplomate

American Board Of Urology
Diplomate

American College of Surgeons
Fellow

American Urological Association
Member

Society of Laparoendoscopic Surgeons

Faculty Appointments: University of Rochester
School of Medicine and Dentistry
Clinical Associate Professor

Rochester General Hospital
Rochester, New York

Current Appointments: Executive Director, Polisseni Center for Robotic and
Minimally Invasive Surgery at Rochester General Hospital
Senior VP of Medical Affairs, Titan Medical

Specialties: Robotic and Minimally Invasive Surgery
Urologic Oncology
Genitourinary Prosthetics